

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019837

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

275

Primary Registration District No.

4409

Registrar's No.

103

FILED JUN 13 1962

VS 300
Rev. 4/59

1 0810

2 0810

3

4 0

5 3

6

7 0

8 2

9 4500

10

11

12 90-8

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Phelps

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR

TOWN

Newburg,

Length of stay in 1b

Life

c. FULL NAME OF (If NOT in hospital, give location)

In home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Phelps

Inside Limits

Yes ☒ No ☐

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Ramey

Cornelius Burris

4. DATE
OF
DEATH

Month

Day

Year

June 3 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

8. DATE OF BIRTH

2/13/1911

9. AGE (last birthday)

51

IF UNDER 1 YEAR

Months 2 Days 13

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10b. KIND OF BUSINESS OR INDUSTRY

Railroad

11. BIRTHPLACE (City and state or country)

Near Salem, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William Burris

13b. MOTHER'S MAIDEN NAME

Julia Ann Stewart

14. NAME OF HUSBAND OR WIFE

Norma Ann Burris Newburg Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arterio-sclerosis; Cirrhosis of liver:

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Alcoholism

This man was found

DUE TO (c)

dead, had not been seen by a doctor for
several weeks. Coroner notified. No questions.PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Approximately 11 AM

Found dead at 5 PM

and last saw him alive on

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Madame L. Stoll

Local Registrar

22b. ADDRESS

Rolla, Missouri

22c. DATE SIGNED

6/4/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

6/6/62

23c. NAME OF CEMETERY OR CREMATORY

Newburg Cemetery

23d. LOCATION (City, town, or county)

Newburg, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Lee Johnson Newburg, Mo.

25. DATE RECD. BY LOCAL REG.

June 4, 1962

26. REGISTRAR'S SIGNATURE

Madame L. Stoll

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

AUG 10 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William L. Strawhecker

Licensed Embalmer No. 5043

P. O. Address Newburg, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.